				*
PLACE OF BIRTH		NA STATE I		HEALTH
		· _		14
District of	ORIGINAL CERT	FIFICATE OF BIR		gister No.TJ
own of		-	Local Regis	trar's No
Sity of Manual	(No		St;	Ward)
FULL NAME OF CHILD OF child is not named, make Supple	iria Per emental Report on bla	unk obtainable from le	ocal registrar.	Born YES Alive
Sex of feurel Twin, Triplet Con other	and Number in orde of birth	Ce   Legges	Date of suc (Month)	2/ 191 8 (Day) (Yr.)
Vame Guare FATHER	rez.	Full Maiden Name	no lea	uefo.
Residences Mianu	any.	Residence Mu	aux le	si.
Racespaniord Age at Birth		Color or Rasspan	Age at la Birthda	(Years)
lirthplace Shair		Birthplace	uis.	
Decupation Wewer		Occupation	owewy	<u>L </u>
aber of child of this mother Number of C	kildren, of this mother, now living	2   Were precautions	taken against Ophthalmia neon	atorum?
• CERTIFICA	TE OF ATTENDING	PHYSICIAN OR	MIDWIFE*	
ereby certify that I attended the	birth of the above chil	d; and that it occurre	ed on au 21	918, at // M.
*When there is no attending pherian or midwife, then the househol should make this return.	ysi- der }	Signature) (Attending	Harde g physician, midwid	the, householder.*)
Given or Christian name added from	om a	Address_Ut	rauer C	erio
ipplemental report19	1 Filed my 70	3 1918.	Jun 6	REGISTRAR.
COUNTY REGISTRA	BG Filed JUA	A True Copy	COUNTY F	RÉGISTRAR.